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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3711  
Examiner : Kien T. Nguyen  
Serial No. : 10/755,519  
Filed : January 12, 2004  
Inventors : Anatol Wizenberg  
          : Peter Dean  
          : Wai Bun Choi  
          : Ming To Chan  
          : Lai Hong Man  
Title : TOY GLIDER

Customer No.: 035811

Docket No.: 1003-04

Confirmation No.: 1394

Dated: August 14, 2006

**Mail Stop Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard  
Amendment Transmittal Letter, in duplicate  
Response

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP  
Customer No. 35811

By: Nancy Nunez  
Date: 8/14/06



Attorney Docket No.: 1003-04

In re Application of Wizenberg et al

Serial No.: 10/755,519

Filed: January 12, 2004

For: TOY GLIDER

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 18	-	** 20=	0
INDEP.	* 2	-	** 3=	0
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE
x 25 =	\$ 0
X 100 =	\$ 0
	\$ 0
+180=	\$ 0

OR

RATE	ADD'L FEE
x50 =	\$
x 200 =	\$
x250=	\$
+360=	\$

TOTAL ADDITIONAL FEE

\$ 0 OR

\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$\_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Paul A. Taufer  
Reg. No. 35,703  
Attorney for Applicants

PAT/nn



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**RESPONSE**

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action dated July 14, 2006. Please amend the present

Application as follows: